05/15/2008 11:50

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 04 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Gail Clarkson Type or Print Name of Treasurer Electronically Filed by Ms. Gail Clarkson 05 15 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

Page 2

Report Covering the Period: From:	01 2008	To: 0 4 3 0 2 0 0 8
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Ž008 Y Y		112871.46
(b) Cash on Hand at Begining of Reporting Period	74409.63	
(c) Total Receipts (from Line 19)	78252.29	267287.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	152661.92	380158.53
Total Disbursements (from Line 31)	69289.36	296785.97
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83372.56	83372.56
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate of	committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 3^D0 м м 0 4 2008 м м 0 4 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 245327.74 69834.06 (i) Itemized (use Schedule A) 8418.23 19459.33 (ii) Unitemized (iii) TOTAL (add 78252.29 264787.07 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 2500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 78252.29 267287.07 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 78252.29 267287.07 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 78252.29 267287.07

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 789.36 3485.97 Expenditures..... (c) Total Operating Expenditures 789.36 3485.97 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 68500.00 289550.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 3750.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 3750.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 69289.36 296785.97 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 69289.36 296785.97 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	78252.29	267287.07
34.	Total Contribution Refunds (from Line 28(d))	0.00	3750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	78252.29	263537.07
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	789.36	3485.97
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	789.36	3485.97

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 44 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association			
Full Name (Last, First, Middle Initial) Alan Anderson			Date of Receipt
Mailing Address 5001 E Anaheim S	treet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Long Beach	State CA	Zip Code 90804-3214	Transaction ID: C408210 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Bel Vista Convalescent Ho- spital	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Gary D Anderson	L		Date of Receipt
Mailing Address 6618 McMakin Cou	urt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Colleyville	State TX	Zip Code 76034-5752	Transaction ID: C413935
FEC ID number of contributing federal political committee.	C	70034-3732	Amount of Each Receipt this Period 600.00
Name of Employer Preferred Care Management	Occupation President	n t/Management Company	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dirk Anjewierden			Date of Receipt
Mailing Address 2180 So. 1300 E Suite 445			04 16 2008
City Salt Lake City	State UT	Zip Code 84106	Transaction ID: C411092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Utah Health Care Assn.	Occupation Executive	n e Director	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	- N		1850.00

I7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	any information copied from such Reports and Star for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Health Care Association Polit	ical Action	Committee	
Д .	Full Name (Last, First, Middle Initial) Gary Attman			Date of Receipt
	Mailing Address 8028 Ritchie Highway Suite 118			04 22 4 2008
	City	State	Zip Code	Transaction ID: C416535
	<u>Pasadena</u>	MD	21122-1069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer FutureCare Health & Mgmt.	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
— В.	Full Name (Last, First, Middle Initial) Terry Bane			Date of Receipt
	Mailing Address 1469 Humboldt Rd # 175			04 29 2008
	City	State	Zip Code	Transaction ID: C416552
	Chico	CA	95928-9116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer President	Occupation Riverside	n e Health Care Corp.	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_ С.	Full Name (Last, First, Middle Initial) John Barber			Date of Receipt
	Mailing Address PO Box 3347			0 4 1 6 2 0 0 8
	City Spartanburg	State SC	Zip Code 29304-3347	Transaction ID: C411093 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer White Oak Manor	Occupation	n e VP/CFO	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 5000.00	
[SUBTOTAL of Receipts This Page (optional)			4000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	n Committee	
Α.	Full Name (Last, First, Middle Initial) Cecil Barcelo			Date of Receipt
	Mailing Address 411 Alabama Ave			04 21 2008
	City League City	State TX	Zip Code 77573-2615	Transaction ID: C416700
	FEC ID number of contributing federal political committee.	C	77575-2015	Amount of Each Receipt this Period 250.00
	Name of Employer Baywind Village	Occupation Administration		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Brent Barraclough Mailing Address PO Box 3849			Date of Receipt
				04 16 2008
	City	State	Zip Code	Transaction ID: C411089
	Salem	OR	97302-0849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer IDL Services, Inc.	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) David Beck			Date of Receipt
	Mailing Address 1250 H Street, NW Suite 555			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: C416704
	Washington FEC ID number of contributing federal political committee.	C	20005-3965	Amount of Each Receipt this Period 125.00
	Name of Employer Golden Living	Occupation	on nent Relations	
	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		875.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 44 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association P	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Mike Berger			Date of Receipt
	Mailing Address PO Box 41			04 01 2008
	City Mancos	State CO	Zip Code 81328-0041	Transaction ID: C409478 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Information Requested	Occupation Pharmac		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) William Biggs	-		Date of Receipt
	Mailing Address 101 Grace Street			0 4 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: C416698
	Easley	SC	29640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Health Managemnet Resourc- es	Occupation Executiv	on e Director	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		2500.00	
	Full Name (Last, First, Middle Initial) Jim Birchem			Date of Receipt
	Mailing Address 211 1 st Street SE			0 4 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: C411142
	Little Falls FEC ID number of contributing federal political committee.	C	56345	Amount of Each Receipt this Period 250.00
	Name of Employer Eldercare of Minnesota	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1800.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 44 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association P	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u> a.	Full Name (Last, First, Middle Initial) Lane Bowen			Date of Receipt
	Mailing Address 680 South Fourth Str	eet	Zip Code	0 4 1 6 2 0 0 8 Transaction ID: C414822
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10202	1250.00
	Name of Employer Kindred Healthcare		resident, Health Services Di	vis
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	Full Name (Last, First, Middle Initial) Steve Boymel			Date of Receipt
	Mailing Address 12100 Reed Hartman	04 23 2008		
	City	State	Zip Code	Transaction ID: C416707
	Cincinnati	OH	45241-6036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Brookwood Retirement Comm- unity		dministrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Richard Brockman			Date of Receipt
	Mailing Address 815 Euclid Ave			0 4 1 4 2 0 0 8
	City	State	Zip Code	Transaction ID: C414200
	Birmingham	AL	35213-2501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Johnston, Barton, Proctor & Powell	Occupation Partner	_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)			3500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	
American Health Care Association Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) Christopher R. Bryson			Date of Receipt
Mailing Address 1626 Jeurgens Court			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C407627
Norcross	GA	30096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer UHS-Pruitt Corporation,	Occupation		
Inc.		erating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Christopher R. Bryson	l		Date of Receipt
Mailing Address 1626 Jeurgens Court			0 4 1 6 2 0 0 8
City	State	Zip Code	Transaction ID: C411091
Norcross	GA	30096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Chief Op	n erating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Scott Carlson			Date of Receipt
Mailing Address 994 Sharon Lane			04 18 2008
City	State	Zip Code	Transaction ID: C416614
Ventura	CA	93001-3847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Sun Health Care	Occupation Director	n Government Relations	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>)	500.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	d Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Catlett Mailing Address 4 Wisteria Ct City Spartanburg FEC ID number of contributing federal political committee. Name of Employer White Oak Manor Receipt For: Primary General Other (specify)	State Zip Code SC 29307-3513 C Occupation Administrator Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert M. Chur Mailing Address Elderwood Senior C 7 Limestone Drive City Williamsville FEC ID number of contributing federal political committee. Name of Employer Elderwood Affiliates Inc Receipt For: Primary General Other (specify)	State Zip Code NY 14221-7051 C Occupation President Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kathleen Collins Pagels Mailing Address 1440 East Missouri Suite C-102 City Phoenix FEC ID number of contributing federal political committee. Name of Employer Arizona Health Care Association Receipt For: Primary General Other (specify)	Street State Zip Code AZ 85014 C Occupation Executive Director Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 6 2 0 0 8 Transaction ID: C411095 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 44 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Associatio	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
. Kathleen Collins Pagels Mailing Address 1440 East Missou Suite C-102	uri Street	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C414551
Phoenix	AZ 85014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Arizona Health Care Assoc- iation	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Jim Cooper	L	Date of Receipt
Mailing Address PO Box 506		0 4 2 1 2 0 0 8
City	State Zip Code	Transaction ID: C416692
Melbourne	AR 72556-0506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Cooper Management Corpora- tion	Occupation Admistrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Louis E. Cottrell, Jr.	L	Date of Receipt
Mailing Address 4156 Carmichael	Road	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C416549
Montgomery	AL 36106-2866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alabama Nursing Home Asso- ciation	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Tolliou / Ollon Gommilles	
Mailing Address 200 Dryden Road Suite 2000		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C414198
Dresher	PA 19025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Complete Healthcare Resou- rces	Occupation Senior Executive Vice President	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Andrew DeBoer	I	Date of Receipt
Mailing Address DeBoer Nursing Ho 1750 Vulcan Street	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C409444
Muskegon	MI 49442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DeBoer Nursing Home	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Judith Dicker	I	Date of Receipt
Mailing Address 18215 Hillside Aver	nue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Jamaica</u>	State Zip Code NY 11432	Transaction ID: C414863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Hillside Manor	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional	al)	2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association Poli	itical Action	Committee	
Full Name (Last, First, Middle Initial) Stanley Dicker			Date of Receipt
Mailing Address 18215 Hillside Ave			0 4 1 8 2 0 0 8
City	State	Zip Code	Transaction ID: C413939
<u>Jamaica</u>	NY	11432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Hillside Manor Rehab Ctr	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Paul Friedlan			Date of Receipt
Mailing Address 10067 East Windrose D	Drive		M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: C416553
Scottsdale	AZ	85260-4655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Management Southwest Corp	Occupation Administr		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Tim Graves			Date of Receipt
Mailing Address 4214 Medical Parkway Suite 300			04 01 7 2008
City	State	Zip Code	Transaction ID: C409473
Austin	TX	78756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Texas Health Care Associa- tion	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 16 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A.	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Health Care Association Polit Full Name (Last, First, Middle Initial) Howard Groff			solicit contributions from such committee. Date of Receipt
А.	Mailing Address 9031 Penn Avenue S	Otata	7:n Oods	04 29 2008
	City Bloomington FEC ID number of contributing federal political committee.	State MN	Zip Code 55431-2225	Transaction ID: C416550 Amount of Each Receipt this Period 1250.00
	Name of Employer Tealwood Care Centers Inc Receipt For: Primary Other (specify) ▼	Occupation President Aggregate		
В.	Full Name (Last, First, Middle Initial) David Hebert Mailing Address 7605 Ridgecrest Drive City Alexandria FEC ID number of contributing federal political committee. Name of Employer AHCA Receipt For: Primary General		Zip Code 22308-1049 n ice President of Advocacy e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y O 1 2 0 0 8 Transaction ID: C409491 Amount of Each Receipt this Period 38.46
_ C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) David Hebert Mailing Address 7605 Ridgecrest Drive City Alexandria FEC ID number of contributing federal political committee.	State VA	Zip Code 22308-1049	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer AHCA Receipt For: Primary General Other (specify) ▼	-	ice President of Advocacy Year-to-Date 307.68	
	SUBTOTAL of Receipts This Page (optional)		·····	1326.92

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an	for each Detailed	parate schedule(s) category of the Summary Page d or used by any person	FOR LINE NUMBER: PAGE 17 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	·		solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) David Hebert Mailing Address 7605 Ridgecrest Di	ive		Date of Receipt	
City	State Zip Co	nda.	04 29 2008	
Alexandria	VA 22308		Transaction ID: C416682 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		38.46	
Name of Employer AHCA Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice Preside Aggregate Year-to-Da	•		
Full Name (Last, First, Middle Initial) Thomas E. Hill			Date of Receipt	
Mailing Address 2901 Highway 82E	Mailing Address 2901 Highway 82E			
City	State Zip Co	ode	0 4 0 1 2 0 0 8 Transaction ID: C409466	
Greenwood	MS 38930)	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Golden Age Nursing Home	Occupation Administrator			
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Da	ste ▼ 500.00		
Full Name (Last, First, Middle Initial) Brian Holloway			Date of Receipt	
Mailing Address 1001 Center Street			0 4 1 8 2 0 0 8	
City	State Zip Co	ode	Transaction ID: C413933	
Little Egg Harbor		'-1364	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Seacrest Village	Occupation Owner/President			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ste ▼ 500.00		
SUBTOTAL of Receipts This Page (optional	l)	·····	788.46	

N/A	nformation copied from such Reports and Si commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Health Care Association Pol		not be sold or used by any perso lress of any political committee to	n for the purpos solicit contribut	se of soliciting contributions
Fu Sa Ma	merican Health Care Association Pol	itical Action			ions from such committee.
Sa Ma		ilicai Action	Committee		
	ıll Name (Last, First, Middle Initial) amuel Kaplan	Date of R	eceipt		
	ailing Address 5500 Wells Fargo Cent 90 South Seventh St	ter		0 4	22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	ty	State	Zip Code	Transacti	on ID: C416531
<u>M</u>	linneapolis	MN	55402	Amount o	f Each Receipt this Period
	EC ID number of contributing deral political committee.	C			500.00
Na Te	ame of Employer ealwood Care Centers	Occupation Attorney	ו		
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00		
	ıll Name (Last, First, Middle Initial) ıdy Knox			Date of R	eceint
_	Mailing Address 1905 West Pierce Street				01 2008
Ci	ty	State	Zip Code	Transacti	on ID: C409446
<u>C</u>	arlsbad	NM	88220-4025		of Each Receipt this Period
	EC ID number of contributing deral political committee.	C			300.00
	ame of Employer akeview Christian Home the Southwe	Occupation Administr			
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00		
	ıll Name (Last, First, Middle Initial) dward L. Kuntz			Date of R	eceipt
Ma	ailing Address 680 S 4th St			M M 0 4	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	ty	State	Zip Code	Transacti	on ID: C416702
<u>L</u>	ouisville	KY	40202-2407	Amount o	f Each Receipt this Period
	EC ID number of contributing deral political committee.	C			250.00
Na Ki	ame of Employer ndred Healthcare	Occupation Chairman	n, CEO & President	1	
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial) David Kyllo	Date of Receipt		
Mailing Address 4621 28th Road South PAYROLL DEDUCTION	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: C409494
Arlington	VA	22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.56
Name of Employer AHCA	Occupatio Director	n Assisted Living	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	199.19	356.04	
Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
Mailing Address 4621 28th Road South PAYROLL DEDUCTION	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: C414243
Arlington	VA	22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.56
Name of Employer AHCA	Occupatio Director,	n Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 356.04	
Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
Mailing Address 4621 28th Road South PAYROLL DEDUCTION	J		04 29 7 2008
City	State	Zip Code	Transaction ID: C416685
Arlington	VA	22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.56
Name of Employer AHCA	Occupatio Director,	n Assisted Living	
Receipt For: Primary General Other (specify) ▼	•	e Year-to-Date ▼ 356.04	
SUBTOTAL of Receipts This Page (optional))	118.68

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 44 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	, ,	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Greg Lentz			Date of Receipt
Mailing Address 10003 Woodlands Suite 250	Forest Drive		04 04 2008
City	State	Zip Code	Transaction ID: C408211
The Woodlands	TX	77380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Healthmark Group	Occupatio Vice Pres	n sident Finance	
Receipt For:	 	e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial) William Levering			Date of Receipt
Mailing Address 201 North Main Str	eet		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C409479
Mount Vernon	OH	43050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer Levering Management Inc.	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) William Levering			Date of Receipt
Mailing Address 201 North Main Str	eet		04 16 2008
City	State	Zip Code	Transaction ID: C411151
Mount Vernon	OH	43050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Levering Management Inc.	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		3500.00	
SUBTOTAL of Receipts This Page (optional		······	8500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) Peter J. Licari			Date of Receipt
Mailing Address 200 Dryden Road Suite 2000			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C411143
Dresher	PA	19025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Complete Healthcare Resou-	Occupation	t/ Chief Executive Officer	
rces . Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Howard Lipschutz	I.		Date of Receipt
Mailing Address 1304 Laurel Oak Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C410077
Voorhees	NJ	08043-4310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer Burnt Tavern Rehabilation HealthCare	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lew Little, Jr.			Date of Receipt
Mailing Address Harden Healthcare 8701 North MoPac Exp	oressway		04 29 YYYY 2008
City	State	Zip Code	Transaction ID: C416670
Austin	TX	78759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Harden Healthcare	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	1875.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each o	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 22 / 44 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and address of any p	political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Barbara K. Lombardi Mailing Address 1008 Pineview Cou			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alma FEC ID number of contributing federal political committee.	State Zip Code MI 48801-0		Transaction ID: C407623 Amount of Each Receipt this Period 250.00
Name of Employer Laurel Health Care Company Receipt For: Primary General Other (specify) ▼	Occupation Director of Operation Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) Cindy Luxem Mailing Address 117 SW 6th Street Suite 200 City Topeka	State Zip Code KS 66606	е	Date of Receipt M M O 1 2008 Transaction ID: C407629 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Occupation State Executive Aggregate Year-to-Date	500.00	500.00
Full Name (Last, First, Middle Initial) Todd Mackenzie Mailing Address 555 Round Rock W #390	/est		Date of Receipt M M O 1
City Round Rock FEC ID number of contributing federal political committee.	State Zip Code TX 78681	e	Transaction ID: C407625 Amount of Each Receipt this Period 75.00
Name of Employer Remington Medical Resort of San Antoni Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Office Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page (optional	(I	·····	825.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
or for commercial purposes, other th NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used to in using the name and address of any political contact station Political Action Committee	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Init Todd Mackenzie Mailing Address 555 Round I	,	Date of Receipt
#390 City	State Zip Code	0 4 1 8 2 0 0 8 Transaction ID: C411947
Round Rock FEC ID number of contributing federal political committee.	TX 78681	Amount of Each Receipt this Period 150.00
Name of Employer Remington Medical Resort of San Antoni Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date	225.00
Full Name (Last, First, Middle Init Rick Mendlen Mailing Address 1810 Gillesp Suite 212	<u></u>	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C416436
El Cajon FEC ID number of contributing federal political committee.	CA 92020-0921	Amount of Each Receipt this Period 1000.00
Name of Employer Kennon S. Shea & Associat- es	Occupation Consultant	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Init	al)	Date of Receipt
Mailing Address 344 Green F	ill Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anderson	State Zip Code SC 29621-2433	Transaction ID: C409481 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 23021 2433	1000.00
Name of Employer National Health Corp.	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
SUBTOTAL of Receipts This Page	(optional)	2150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 44 (check only one) X			
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions			
Full Name (Last, First, Middle Initial) Michael Morton Mailing Address 415 Rogers Avenue)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Fort Smith FEC ID number of contributing federal political committee.	State AR	Zip Code 72901-1903	Transaction ID: C411147 Amount of Each Receipt this Period 1250.00			
Name of Employer Central Arkansas Nursing Centers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Owner Aggregate	Year-to-Date ▼ 2500.00				
Full Name (Last, First, Middle Initial) Steve Mulder Mailing Address 7300 Del Pardo Str						
City	State	Zip Code	Transaction ID: C416699			
Boca Raton FEC ID number of contributing federal political committee.	FL C	33433	Amount of Each Receipt this Period 250.00			
Name of Employer Whitehall Boca	Occupation Owner	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
Full Name (Last, First, Middle Initial) Delbert Ousley			Date of Receipt			
Mailing Address 300 Provider Court			0 4 1 6 2 0 0 8			
City	State	Zip Code	Transaction ID: C414737			
Richmond FEC ID number of contributing federal political committee.	C	40475-8488	Amount of Each Receipt this Period 250.00			
Name of Employer PMD Corporation	Occupation Presiden					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional	al)		1750.00			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 44 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Jeffrey Parrish			Date of Receipt
	Mailing Address 11156 Sardis-Scotts F		7:- 0-1-	04 15 2008
	City Scotts Hill	State TN	Zip Code 38374	Transaction ID: C414203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Tennessee Health Manageme- nt	Occupatio General		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Michael Patterson			Date of Receipt
	Mailing Address 4000 Hollywood Blvd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C416603
	Hollywood	<u>FL</u>	33021-6747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Avante Group Inc	Occupation VP of Op		
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 21 Greystone Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C409467
	Shepherdstown	WV	25443-4075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Genesis	Occupation SR VP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 44 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) Simon 'Shimi' Pelman			Date of Receipt
Mailing Address 140 Saint Edwards St	reet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C413944
Brooklyn	NY	11201-3904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Greenpark Care Center Inc	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Wade Peterson	1		Date of Receipt
Mailing Address 201 14th Street NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C407630
Mandan	ND	58554-2063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MedCenter One Care Center	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mohammad Qazi	l		Date of Receipt
Mailing Address 4000 Town Ctr Ste 380			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C411088
Southfield	MI	48075-1425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Cienna Healthcare Managem- ent, Inc.	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)	1		5800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 44 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Gail Rader			Date of Receipt
	Mailing Address 1503 South Main Stre	04 16 2008		
	City	State	Zip Code	Transaction ID: C411152
	Phillipsburg FEC ID number of contributing federal political committee.	C	08865	Amount of Each Receipt this Period 2500.00
	Name of Employer Care Perspectives Inc.	Occupation President		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	
— 3.	Full Name (Last, First, Middle Initial) Richard Rau			Date of Receipt
	Mailing Address 3939 S 92nd Street	04 23 2008		
	City Greenfield	State WI	Zip Code 53228-2140	Transaction ID: C414862 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Clement Manor Inc.	Occupation CEO	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
—).	Full Name (Last, First, Middle Initial) Jon Reardon			Date of Receipt
	Mailing Address 1202 Weiss Street			04 22 2008
	City Saginaw	State MI	Zip Code 48602-5471	Transaction ID: C416532 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Hoyt Nursing & Rehab Cent- er	Occupation Owner	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
\[\s	SUBTOTAL of Receipts This Page (optional)			2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16					
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Per	Statements may not be sold or used by any per ne name and address of any political committee olitical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) Robert Rotolo Mailing Address 17441 W Muirfield Dr	r	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Baton Rouge FEC ID number of contributing	State Zip Code LA 70810-5962	Transaction ID: C409429 Amount of Each Receipt this Period 2000.00					
Name of Employer Harahan Guest House Receipt For: Primary General	Occupation Owner Aggregate Year-to-Date ▼ 2000.00						
Full Name (Last, First, Middle Initial) Daniel Salmon Mailing Address 85 Beaumont Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y					
City Northbridge FEC ID number of contributing federal political committee.	State Zip Code MA 01534-1093	Transaction ID: C413950 Amount of Each Receipt this Period 125.00					
Name of Employer Beaumont Nursing Home Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 250.00						
Full Name (Last, First, Middle Initial) Lee Samson Mailing Address 9200 Sunset Bouleva	ırd	Date of Receipt					
Suite 1100 City West Hollywood FEC ID number of contributing federal political committee.	State Zip Code CA 90069	Transaction ID: C407628 Amount of Each Receipt this Period 1250.00					
Name of Employer SNF Management/ Windsor Receipt For:	Occupation President/ CEO Aggregate Year-to-Date						
Primary General Other (specify) ▼	1250.00						
SUBTOTAL of Receipts This Page (optional)		3375.00					

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16					
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association F	d Statements may not be sold or used by any per the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) Alfred Santos Mailing Address 57 Kilvert Street		Date of Receipt					
Suite 200 City Warwick FEC ID number of contributing	State Zip Code RI 02886-1054	Transaction ID: C416530 Amount of Each Receipt this Period 250.00					
Receipt For: Primary Other (specify)	Occupation Executive Director Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) Michael Scharfenberger Mailing Address 7265 Kenwood Road Suite 300 City Cincinnati	State Zip Code OH 45236-4414	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
FEC ID number of contributing federal political committee. Name of Employer Nursing Care Management Receipt For: Primary General Other (specify)	C Occupation Exec Vice President Aggregate Year-to-Date ▼	125.00					
Full Name (Last, First, Middle Initial) Gerald Schroer, Jr. Mailing Address 7235 Whipple Ave N	IW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City North Canton FEC ID number of contributing federal political committee.	State Zip Code OH 44720-7137	Transaction ID: C409462 Amount of Each Receipt this Period 500.00					
Name of Employer Altercare Receipt For: Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date 500.00						
SUBTOTAL of Receipts This Page (optional)	875.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 44 (check only one) X					
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and add	dress of any political committee to	on for the purpose of soliciting contributions					
Full Name (Last, First, Middle Initial) Louis Serra Mailing Address 2525 Pennsylvania Av City Weirton FEC ID number of contributing federal political committee. Name of Employer Weirton Geriatric Center	State WV C Occupatio Owner/A	dministrator	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 1000.00						
Robert Siebel Mailing Address 13185 W Great Moun City Lakewood FEC ID number of contributing federal political committee. Name of Employer Carriage Healthcare Companies, Inc. Receipt For: Primary General Other (specify)	State CO C Occupatio Presiden		Date of Receipt M M M / D D D / Y Y Y Y Y 1 6 2 0 0 8 Transaction ID: C411090 Amount of Each Receipt this Period 1000.00					
Full Name (Last, First, Middle Initial) Steve Smith Mailing Address One N Capitol Ste 11 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Indiana Health Care Association Receipt For: Primary General Other (specify)	State IN C Occupatio Presiden		Date of Receipt M M C D D C 2008 Transaction ID: C409472 Amount of Each Receipt this Period 500.00					
SUBTOTAL of Receipts This Page (optional) .			2000.00					

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 44 (check only one) X
or for co	rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) erican Health Care Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Janet	Name (Last, First, Middle Initial) Snipes ng Address 6000 E Iliff Avenue			Date of Receipt
City	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	State	Zip Code	0 4 1 6 2 0 0 8 Transaction ID: C411155
Den	ver	CO	80222-5721	Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C		300.00
ter	e of Employer Heights Nursing Cen-	Occupation Administ		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Name (Last, First, Middle Initial) aig Souza			Date of Receipt
Mailir	ng Address 5109 Bur Oak Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C411149
Rale	eigh	NC	27612-3101	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		1000.00
North <u>Facil</u>		Occupation Executive	n e Director	
Rece	ipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 1000.00	
	Name (Last, First, Middle Initial) Im Spalding			Date of Receipt
	ng Address Pillsbury Manor 20 Harbor View Road			04 01 2008
City <u>Sou</u> t	th Burlington	State VT	Zip Code 05403	Transaction ID: C407632 Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		500.00
Name Pillsb	e of Employer oury Manor	Occupation Director	n	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1800.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 44 (check only one) X
Any Information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any person go the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
	T Folitical Action Committee	
Full Name (Last, First, Middle Initial) David Sylvester		Date of Receipt
Mailing Address 411 North Dillard	Street	04 16 2008
City	State Zip Code	Transaction ID: C411085
Winter Garden	FL 34787-2816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Health Central Park	Occupation Senior VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A. Ray Talebi		Date of Receipt
Mailing Address 1438 S Euclid St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C416434
Anaheim	CA 92802-2103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer TSW Management Group, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jan Thayer		Date of Receipt
Mailing Address 404 Woodland Dri	ive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C416695
Grand Island	NE 68801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Excel Development Group	Occupation Chair/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (option	nal)	1875.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persog the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Nicholas Thisse		Date of Receipt
Mailing Address 80 Access Rd City	State Zip Code	0 4 2 3 2 0 0 8 Transaction ID: C414878
Norwood	MA 02062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer Rehab Associates	Occupation Owner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) William H. Thompson		Date of Receipt
Mailing Address 2744 West Gerald	Ford Drive	04 22 7 2008
City	State Zip Code	Transaction ID: C416533
Cordova	TN 38016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Covenant Dove	Occupation Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Travis Tomlinson		Date of Receipt
Mailing Address 513 East Whitaker		04 14 2008
City	State Zip Code	Transaction ID: C414179
Raleigh	NC 27608-2633	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mayview Conv Home Inc	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	nal)	1625.00
	mber only)	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 44 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) James Unverferth Mailing Address 1100 Shawnee Road			Date of Receipt
	City Lima	State OH	Zip Code 45805-3583	Transaction ID: C407620 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer HCF, Inc. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
3.	Full Name (Last, First, Middle Initial) Marilyn K. Weber Mailing Address PO Box 386	1		Date of Receipt 0 4 0 9 2 0 0 8
	City	State	Zip Code	Transaction ID: C411138
	Wellington FEC ID number of contributing federal political committee.	OH C	44090-0386	Amount of Each Receipt this Period 500.00
	Name of Employer Weber Health Care Center, Inc. Receipt For:	Occupatio Superinto	endent	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Andrew S Weisman	1		Date of Receipt
	Mailing Address 5310 NW 33rd Ave Ste 211			04 01 2008
	City Fort Lauderdale	State FL	Zip Code 33309-6319	Transaction ID: C409480 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer NuVision Management	Occupatio Vice Pres		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 44 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements ma	, ,	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	he name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dennis W. Wheeler			Date of Receipt
Mailing Address PO Box 1545			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C407626
Mount Pleasant	SC	29465-1545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Laurel Baye Healthcare	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	1250.00	
Full Name (Last, First, Middle Initial) Bill Williamson			Date of Receipt
Mailing Address 405 Sugar Mill Rd			04 28 7 9 9 9
City	State	Zip Code	Transaction ID: C418429
Greer	SC	29650-3609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer HMR Advantage Health Syst- ems	Occupatio VP and 0		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Adele Wilzack			Date of Receipt
Mailing Address 7135 Minstreal Way Suite 104			04 01 2008
City	State	Zip Code	Transaction ID: C409449
Columbia	MD	21045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Health Facilities Assn of MD		e Director	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			2050.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Anterican Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris Wight Malling Address (Care Management 341 Bidwell Street City State Zip Code Manchoster CT 06640-5470 FEC ID number of contributing federal political committee. Crospetition CEO Receipt For: Employer Care Management, LLC Receipt For Employer Care Management, LLC Receipt For Employer City State Zip Code Malling Address 200 P Street Apt F31 City State Zip Code Malling Address 200 P Street Apt F31 City State Zip Code Seath 40259 FEC ID number of contributing federal political committee. Cc	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 1
City Stright Mailing Address Care Management 341 Bidwell Street City State Zip Code Manchester CT 06040-6470 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial)	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Bruce Yarwood Mailing Address 200 P Street Apt F31	Chris Wright Mailing Address iCare Management 341 Bidwell Street City Manchester FEC ID number of contributing federal political committee. Name of Employer iCare Management, LLC Receipt For: Primary General	State Zip Code CT 06040-6470 C Occupation CEO Aggregate Year-to-Date 1000.00	Transaction ID: C409463 Amount of Each Receipt this Period
Alan Zuccari Mailing Address 7712 Carlton Place City State Zip Code MCLean VA 22102-2149 FEC ID number of contributing federal political committee. Name of Employer Hamilton Insurance Agency Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 4 1 1 6 2 2 0 0 8 Transaction ID: C411094 Amount of Each Receipt this Period 1250.00	Bruce Yarwood Mailing Address 200 P Street Apt F31 City Sacramento FEC ID number of contributing federal political committee. Name of Employer AHCA Receipt For: Primary General	CA 95814-6259 C Occupation CEO & President Aggregate Year-to-Date ▼	Transaction ID: C409646 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Alan Zuccari Mailing Address 7712 Carlton Place City McLean FEC ID number of contributing federal political committee. Name of Employer Hamilton Insurance Agency Receipt For: Primary General	State Zip Code VA 22102-2149 C Occupation Insurance Representative Aggregate Year-to-Date	Transaction ID: C411094 Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional	l) >	3750.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NU		PAGE 37 / 44
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 23 22	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) American Health Care Association Politica	Action Committee			
Full Name (Last, First, Middle Initial) BB & T CREDIT CARD			ransaction ID: D61 Date of Disbursement	
Mailing Address 2200 Wilson Blvd Ste 200		L	04 30	2008
•	State Zip Code VA 22201-3324	A	Amount of Each Disbu	ursement this Period
Purpose of Disbursement CC FEES				639.36
Candidate Name	C	Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) BB & T			ransaction ID: D61 Date of Disbursement	
Mailing Address PO Box 819 Operations Center		L	04 7 30 7	2008
	State Zip Code NC 27894-0819	Α Γ	Amount of Each Disbo	
Purpose of Disbursement Bank Fees				150.00
Candidate Name	C	Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	789.36
TOTAL This Period (last page this line number only)	•	789.36

State:

District:

		(FEC FOIIII	•		arate schedule(s)			R LINE leck only		n.		L	PAGI	E 38/4	14
ITE	MIZED DIS	SBURSEMEN'	TS		category of the Summary Page			21b 27	22 28a	X	23 28b	2	4 Bc	25 29	
or for	commercial purplements	d from such Reports poses, other than usin /ITTEE (In Full) th Care Associatio	ng the name	and addre	ss of any political										
B _	•	First, Middle Initial) or U.S. Senate PO Box 102135	5						Date of		ion ID:	D /		ž 0 ŏ 8	Y
<u>D</u> P	ity Denver Jurpose of Disbui			State CO	Zip Code 80250-2135	_		-	Amou	nt o	f Each	Disbu		ent this F	-
C B	contributions to F candidate Name Bob Schaffer office Sought:	ederal Candidates House	Disburse	ment For:	2008		ateg Typ	-							
S	tate: CO	X Senate President District:		Primary Other (spe	General										
B	, ,	First, Middle Initial) or U.S. Senate PO Box 102135	5								isburs			ž 0 0 8	Y
	ity Oenver			State CO	Zip Code 80250-2135				Amou	nt o	f Each	Disbu	rseme	ent this F	Period
$\frac{c}{c}$	curpose of Disbur contributions to F andidate Name Bob Schaffer	rsement federal Candidates					ateg Typ	-	L.					2000.0	0
Ō	office Sought:	House X Senate President District:	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼		ТУР	6							
	ull Name (Last, F DIRIGO PAC	First, Middle Initial)							Trans		on ID:		005		
M	lailing Address	PO Box 1355							0 4	М	/ 1	7 /	Υ	ž 0 ŏ 8	Y
Α	ity Ilexandria			State VA	Zip Code 22313				Amou	nt o	f Each	Disbu		ent this F	
С	urpose of Disbur contributions to F candidate Name	rsement rederal Committees					ateg Typ	-	L.	-				5000.0	U
	Office Sought:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ecify) ▼		۷۲.	<u>-</u>							
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ITE	MIZED DIS	BURSEMEN	TS		category of the Summary Page		21b 27	22 28a	X	23 28b		24 28c	25 29	П
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H/	•	First, Middle Initial) TE COMMITTEE I PO Box 29103	NC							ion ID:	emen	-	žoŏ	8 ^Y
_	reensboro			State NC	Zip Code 27429			Amou	int o	f Each	Disb	ursen	nent this	
Co Ca Ka Of	urpose of Disbuontributions to Fandidate Name ay R Hagan ffice Sought:	House X Senate President District:	Disburse	ment For: Primary Other (spe	2008 X General ecify)	ateg Typ	ory/ e			•		•	5000.	00
Na —		First, Middle Initial) Dlican Senatorial C 425 2nd St NE	committee							isburs			ž o ŏ	8 Y
Pu Co	ashington urpose of Disbu	rsement ederal PACS/Commi		State DC	Zip Code 20002-4914	ateg Typ	ory/	Amou	int o	f Each	n Disb		nent this	
St	ffice Sought: ate:	House Senate President District: First, Middle Initial)	Disburse	ment For: Primary Other (spe	General ecify) ▼	Тур	6							
N	, .	IGHTS POLITICAL PO Box 2566	ACTION	COMMIT	TEE					isburs			žoŏ	8 Y
Cir		 		State DC	Zip Code 20013				int o			ursen	nent this	Period
Co	urpose of Disbu ontributions to F andidate Name	rsement rederal Committees				ateg Typ	-	<u></u>	•	•		•	5000.	00
	ffice Sought:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ecify) ▼									
		ursements This Page	(optional) .				•				•	2	25000.	00

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LC I OHII 5X)	Use separate schedule(s		check only	NUMBE one)				I AC	àE 40 .	7 44
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I —`	21b 27	22 28a	Х	23 28b	\square	24 28c	25 29	
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any politic									
American Health Care Association Politi	cai Action Committee									
Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITION Mailing Address 228 SOUTH WASHING				Trans Date		sburs			žoŏ	8 Y
SUITE B-20				A			D:-1-			Deviced
City ALEXANDRIA	State Zip Code VA 22314			Amou	int of	Each	DISD	ursen	nent this	Period
Purpose of Disbursement Contributions to Federal Committees Candidate Name		Cate	egory/	L.					5000.	00
Candidate Name			pe							
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial) HIGGINS FOR CONGRESS				Trans Date	of Di	sburs	emen		* V * V	V
Mailing Address PO BOX 28				0 4	M	^D 1	1	/ L	žoŏ	8
City BUFFALO	State Zip Code NY 14220			Amou	int of	Each	Disb	ursen	nent this	
Purpose of Disbursement Contributions to Federal Candidates				L.	-	-		_	2000.	00
Candidate Name Rep. Brian M. Higgins			egory/							
Office Sought: X House Senate President State: NY District: 27	x Primary General Other (specify)	· · · ·	·							
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS				Trans Date	of Di	sburs	emen			
Mailing Address PO BOX 3176				0 4	М	^D 1	1	/ L	žoŏ	8 ^Y
City LONG BRANCH	State Zip Code NJ 07740			Amou	ınt of	Each	Disb	ursen	nent this	
Purpose of Disbursement Contributions to Federal Candidates					-				1000.	00
Candidate Name Rep. Frank Pallone, Jr.			egory/ /pe							
Senate President	rsement For: 2008 Primary X General Other (specify)	1 -								
State: NJ District: 06										
I	d)								8000.	ΛΛ

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_	EMIZED DISBURSEMENTS	Detailed Su	tegory of the immary Page		21k 27	È	22 28a		3b	24 28c		25 29	
	y Information copied from such Reports and State or commercial purposes, other than using the nar												
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Politic	al Action Cor	nmittee										
<u>v</u>	Full Name (Last, First, Middle Initial) RADANOVICH FOR CONGRESS								ID: De)		
	Mailing Address 30151 TOMAS STREE	Γ					0 ^M 4	M /	11	/ Y	ž	o ŏ 8 `	
	City RANCHO STA MRGRITA		Zip Code 92688				Amou	nt of E	ach Di	sburse	ment t	this Pe	rio
	Purpose of Disbursement Contributions to Federal Candidates			Г	• •	1		-			100	00.00	_
	Candidate Name Rep. George P. Radanovich				tegory/ Type								
	Senate President	sement For: Primary Other (speci	2008 X General fy) ▼										
	State: CA District: 19 Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS								ID: De				
	Mailing Address 2015 Wallace Rd.						0 ^M 4	M /	^D 1 1	/ Y	ž	0 0 8 °	
	City Atlanta		Zip Code 30331				Amou	nt of E	ach Dis	sburse	ment i	this Pe	rio
	Purpose of Disbursement Contributions to Federal Candidates					1	L.				100	00.00	_
					. ,	-							
	Candidate Name Rep. John Lewis				tegory/ Type								
	Candidate Name Rep. John Lewis Office Sought: X House Disburs Senate President	sement For: Orimary Other (speci	2008 General										
	Candidate Name Rep. John Lewis Office Sought: X House Disburs Senate	K Primary	General				Date o	of Disb	I D: De	ent			_
	Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial)	K Primary	General				Date o			ent) Ý 8 Ť	
	Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Other (speci	General				Date of 0 4	of Disb	urseme	ent / Y	2 (this Pe	rio
	Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS Mailing Address PO Box 5743 City Austin Purpose of Disbursement Contributions to Federal Candidates	Other (speci	General fy) ▼		Гуре		Date of 0 4	of Disb	urseme 16	ent / Y	2 (rio
	Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS Mailing Address PO Box 5743 City Austin Purpose of Disbursement	Other (speci	General fy) ▼	Ca			Date of 0 4	of Disb	urseme 16	ent / Y	2 (this Pe	rio
	Candidate Name Rep. John Lewis Office Sought: X House Senate President State: GA District: 05 Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS Mailing Address PO Box 5743 City Austin Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Lloyd Doggett	Other (speci	General fy) ▼ Zip Code 78763-5743 2008 X General	Ca	Type		Date of 0 4	of Disb	urseme 16	ent / Y	2 (this Pe	rio

SCHEDULE B (FEC Form 3X)	Use separate schedule		FOR LINE	E NUMBER:			PAG	GE 42/	44	_
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	23 28b	П	24 28c	25 29	$\mathbf{\Box}$	26
Any Information copied from such Reports and Stat									s	_
or for commercial purposes, other than using the na	ame and address of any politic	cal com	mittee to s	olicit contrib	utions fro	om s	uch co	ommittee		
NAME OF COMMITTEE (In Full)										
/ American Health Care Association Politi	cal Action Committee									
Full Name (Last, First, Middle Initial)				Transac	tion ID:	D60	0884			_
TIM RYAN FOR CONGRESS				Date of	Disburse	emer				
Mailing Address 80 F St NW Suite 804				0 4	/ D	^D	/ Y	žoŏs	8 ^Y	
City	State Zip Code			Amount	of Each	Dist	oursen	nent this	Period	d
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Purpose of Disbursement Contributions to Federal Candidates						-		1000.0	,0	_
Candidate Name Rep. Tim Ryan			ategory/ Type							
2	rsement For: 2008									
Senate	Primary X Genera	al								
President State: OH District: 17	Other (specify)									
Full Name (Last, First, Middle Initial)				Transs	tion ID:	. De	1000			
Murphy for Congress					Disburse	emer	-			
Mailing Address PO Box 11721				0 4	/ D	7	/ Y	ŽOŎ	8 ^Y	
City	State Zip Code PA 15228-072	24		Amount	of Each	Dist	oursen	nent this	Period	d
Pittsburgh Purpose of Disbursement	PA 15228-072	21 						2000.0	00	
Contributions to Federal Candidates					-					_
Candidate Name Rep. Timothy F. Murphy			ategory/ Type							
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Senate	X Primary Genera	al								
President State: PA District: 18	Other (specify) ▼									
Full Name (Last, First, Middle Initial)				Transac	tion ID-	- D6	0877			
MCCONNELL SENATE COMMITTEE '0	8			Date of	Disburse	emer				
Mailing Address 1930 Bishop Ln				0 4 M	/ D	^D	/ Y	žoŏ	8 ^Y	
City Louisville	State Zip Code	20		Amount	of Each	Disk	oursen	nent this	Period	d
	KY 40218-192	∠9 						3000.0	00	_
Purpose of Disbursement Contributions to Federal Candidates						-		0000.0		_
Candidate Name Sen. Mitch McConnell			ategory/ Type							
	rsement For: 2008									
X Senate	X Primary General	al								
State: KY District: 00	Other (specify)									
										=
SUBTOTAL of Disbursements This Page (optional	al)		<u> </u>	<u></u>		-	-	6000.0	0	_
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SCHEDULE B (FEC Form 3X)

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or for common NAME American American NAME American NAME American NAME American NAME NAME NAME NAME NAME NAME NAME NAME	nercial purposes, other than using OF COMMITTEE (In Full) can Health Care Association me (Last, First, Middle Initial) ONNELL SENATE COMMITTE Address 1930 Bishop Ln ville e of Disbursement nutions to Federal Candidates ate Name Mitch McConnell Sought: House	Political Action Control EE '08 State KY Disbursement For: Primary Other (spe	Zip Code 40218-1929 2008 X General ecify)	Category/	Transacti Date of D Amount o Transacti Date of D M M M	ions from such committee ion ID: D60878 isbursement / D1D / Y2008 f Each Disbursement this Period 2000.00
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Contrib Candida Sen. F Office S State: F	AT BEND	KS	Zip Code 67530-0433		Amount o	f Each Disbursement this Period
Sen. F Office S State: F	e of Disbursement outions to Federal Candidates					4000.00
State: I	ate Name Pat Roberts			Category/ Type		
Full Na	X Senate President	Disbursement For: Primary Other (spe	2008 X General ecify) ▼			
	KS District: 00 me (Last, First, Middle Initial) INS FOR SENATOR					ion ID: D61004 isbursement
Mailing	Address PO BOX 1096				0 4 M	17 / 2008
City BANG	ior	State ME	Zip Code 04402		Amount o	f Each Disbursement this Period
	e of Disbursement outions to Federal Candidates				7	5000.00
	ate Name Susan M. Collins			Category/ Type		
Office S	Sought: House	Disbursement For: Primary Other (spe	2008 X General ecify) ▼			
State: N	X Senate President					

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 44 / 44
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only one) 21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Health Care Association Politica	Action Committee	
Full Name (Last, First, Middle Initial) STEVENS FOR SENATE COMMITTEE Mailing Address PO BOX 100879		Transaction ID: D61006 Date of Disbursement 0 4
City ANCHORAGE	State Zip Code AK 99510	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates Candidate Name		5000.00
	ment For: 2008 Primary General Other (specify)	/pe
Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA IN Mailing Address PO BOX 1859	0	Transaction ID: D60879 Date of Disbursement 0 4 D 1 D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount of Each Disbursement this Period 500.00
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SUBTOTAL of Disbursements This Page (optional)	•	5500.00
TOTAL This Period (last page this line number only)	•	68500.00

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